

FEB 01 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JFW

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-005DIV6
------------------------------------------	---	------------------------	--------------

### ENCLOSURES (Check all that apply)

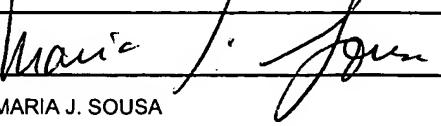
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Response To Restriction Requirement (2pgs.)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAW OFFICE OF ALAN W. CANNON		
Signature			
Printed name	ALAN W. CANNON		
Date	1/26/05	Reg. No.	34,977

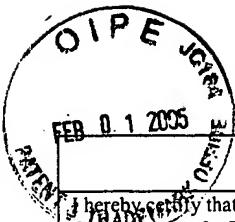
### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		
Typed or printed name	MARIA J. SOUSA	Date
		1/26/2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or Printed Name      Maria J. Sousa

Signature

Date

1/26/2005

<b>RESPONSE TO RESTRICTION REQUIREMENT</b>	Attorney Docket Confirmation No.	GUID-005DIV6 6516
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Benetti et al.
	Application Number	10/696,266
	Filing Date	10/29/2003
	Group Art Unit	3738
	Examiner Name	O'Connor, Cary E.
	Title	Surgical Instruments and Procedures for Stabilizing the Beating Heart During Coronary Artery Bypass Graft Surgery

Sir:

This is in response to the Restriction Requirement dated January 4, 2005 for which a one-month period for response was given making this response due on or before February 4, 2005.

**THE RESTRICTION REQUIREMENT**

In the Official Action dated January 4, 2005, the Examiner required restriction to one of the following inventions that the Examiner identified:

Group I – Claims 23-38 and 47-60, drawn to a stabilizing device; and

Group II – Claims 39-46, drawn to a method of stabilizing a beating heart.

The Examiner required election of one of the above-listed inventions in order to be responsive to the Office Action.

**RESPONSE**

In response to the restriction requirement, Applicants elect Group I, claims 23-38 and 47-60, without traverse.

**Conclusion**

Applicants respectfully submit that a proper response has been made to the Restriction Requirement., and that all of the claims in this application are in condition for allowance, which action is requested. If the Examiner finds that a telephone conference would expedite the prosecution of this application, please telephone the undersigned at the number provided.

The Commissioner is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extensions of time, or credit any overpayment to Deposit Account No. 50-2653, order number G UID-005DIV6.

Respectfully submitted,  
LAW OFFICE OF ALAN W. CANNON

Date:

1/26/05

By:

  
Alan W. Cannon  
Registration No. 34,977

LAW OFFICE OF ALAN W. CANNON  
834 South Wolfe Road  
Sunnyvale, CA 94086  
Telephone: (408) 736-3554  
Facsimile: (408) 736-3564